

Federal (REFERENCE COPY - Not for submission) Communications Operations

FRN

0025098336

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000105538
 Submit Date:
 2020-02-06
 FRN:
 0027931195

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 02/06/2020

 Filing Status:
 Active
 Status:
 Status Date:
 02/06/2020

Section I - General Information

1. Respondent

COATES CONSULTING, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
201 South 2nd Street	Thornton	AR	71766	+1 (417) 699- 0848	paulcoates2@gmai. com

2. Contact Representative

Name	Organization		
Paul Feldman, Esq.	Fletcher, Heald & Hildreth, PLC		

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N 17th Street Suite 1100	Arlington	VA	22209	+1 (703) 812-0400	feldman@fhhlaw.com

3. Application Filing Fee

Not Applicable

4. Nature of

Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees
Nature of Respondent	Limited liability company

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2019 When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is
	filed.

and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN
Ozark Mountain Media Group, LLC	0027931195

Fac. ID No.	Call Sign	City	State	Service
26234	КНОΖ	HARRISON	AR	AM
26235	KHBZ	HARRISON	AR	FM
34328	KOMC-FM	KIMBERLING CITY	МО	FM
68415	КСАХ	BRANSON	МО	AM
68416	KRZK	BRANSON	МО	FM
140384	K251BZ	BRANSON	МО	FX
149730	K235CE	HARRISON	AR	FX

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

Not Applicable.

Ownership Information

2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

FRN	0025098336	
Entity Name	COATES CONSULTING, LLC	
Address	PO Box	
	Street 1	201 South 2nd Street
	Street 2	

	City	Thornton		
	State ("NA" if non-U.S. address)	AR		
	Zip/Postal Code	71766		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	Yes	

Ownership Information

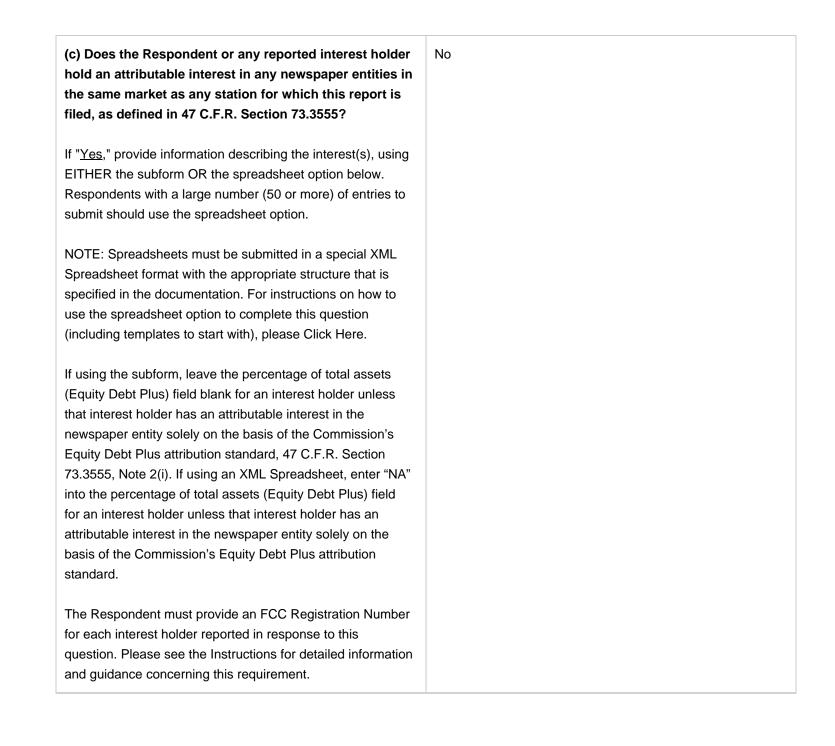
0025098500 Libby Coates				
Libby Coates		0025098500		
Libby Coates				
PO Box				
Street 1	201 South 2nd Street			
Street 2				
City	Thornton			
State ("NA" if non-U.S. address)	AR			
Zip/Postal Code	71766			
Country (if non-U.S. address)	United States			
Other Interest Holder				
LC/LLC/PLLC Member				
Citizenship	US			
Gender	Female			
Ethnicity	Not Hispanic or Latino			
Race	White			
Voting	50.0%	Jointly Held? No		
Equity	50.0%			
	Street 1Street 2CityState ("NA" if non-U.S. address)Zip/Postal CodeCountry (if non-U.S. address)Other Interest HolderLC/LLC/PLLC MemberCitizenshipGenderEthnicityRaceVoting	Street 1201 South 2nd StreetStreet 2ThorntonCityThorntonState ("NA" if non-U.S. address)ARZip/Postal Code71766Country (if non-U.S. address)United StatesOther Interest HolderUnited StatesC/LLC/PLLC MemberSCitizenshipUSGenderFemaleEthnicityNot Hispanic or LatinoRaceWhiteVoting50.0%		

Total assets (Equity D Plus)	bebt 50.0%	
Does interest holder have an attributable interest in	one or more broadcast stations	Yes

that do not appear on this report?

Ownership Information				
FRN	0025098450			
Name	Paul Coates			
Address	PO Box			
	Street 1	201 South 2nd Street		
	Street 2			
	City	Thornton		
	State ("NA" if non-U.S. address)	AR		
	Zip/Postal Code	71766		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	50.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	50.0%		
	Total assets (Equity Debt50.0%Plus)			
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?				
(b) Respondent certifies that any interests, including equity, financial, or voting Yes interests, not reported in this filing are non-attributable.				

If "No," submit as an exhibit an explanation.



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

Family Relationships	amily Relationships			
FRN	0025098500	Name	Libby Coates	
FRN	0025098450	Name	Paul Coates	
Relationship	Spouses			

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
If " <u>Yes</u> ," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	

Certification

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Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: Member Exact Legal Title or Name of Respondent: Coates Consulting, LLC Name: Paul Coates Phone: 4176990848 02/06/2020